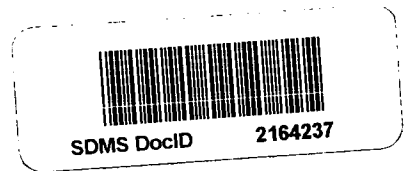


CBI ORIGINAL
Morris | Hardwick | Schneider
ATTORNEYS AT LAW



9409 Philadelphia Road | Baltimore, Maryland 21237 | www.closingsource.net
ph: 410.284.9600 | fx: 410.282.1677 | toll free 866.503.4930

August 15, 2012

Ms. Joan Martin- Banks (3HS62)
US Environmental Protection Agency, Region III
1650 Arch Street
Philadelphia, PA 19103-2029

RE: Sauer Dump Site, aka The Cove Road Dump and Lynhurst Road Dump,
Dundalk, Maryland (Baltimore County), Maryland
Wittstadt Hunting Club, Inc.

Dear Ms. Martin-Banks:

I am in receipt of your letter dated August 2, 2012 asking for updated financial information with regard to my client, Wittstadt Hunting Club, Inc.

Enclosed please find your completed questionnaire. As you will see, and as has been maintained throughout this process, Wittstadt Hunting Club, Inc. is financially insolvent and has been since its inception. It has never acquired any assets other than the subject property. It has never had and will never have the ability to pay any money or make any financial contribution to the clean up of this site. Furthermore our client did not cause the environmental situation in any fashion whatsoever.

Our client will continue to grant access to the EPA and other responsible parties for the purpose of testing and cleanup as directed by the EPA.

I trust this settles the matter as far as financial responsibility on behalf of our client.

Sincerely,

Mark H. Wittstadt

(Use Additional Sheets Where Needed)

WITSTADT Hunting Club, Inc.

1. Name (Debtor) _____ Type 1 For Profit (☒) 2 Not for Profit ()

2. Business Address (Include Street Address if PO Box)

9409 Philadelphia Road.
Baltimore, MD 21237

Note: Attach schedule of all business addresses

3. Foreign _____ Domestic ☒

4. Legal form of business organization during last five (5) years.

☒ Corporation

_____ Subchapter S Corporation

_____ Partnership

_____ Proprietorship

_____ Trust

_____ Other? _____

5. State of Incorporation MD Date of Incorporation 10/11/1996

6. List all States where you are authorized to do business during the last five years.

Maryland.

7. Name, Address and Phone number of Registered

MARK H. WITSTADT, ESQ 9409 Philadelphia Road.
Baltimore, MD 21237

8. Names and addresses of principal stockholders; Number of shares owned by each. (If more than 4 shareholders, list only those with 5 percent or more stock ownership.)

Total outstanding shares _____

Name	Address	Shares
(1) <u>MARK H. WITSTADT</u>	<u>9409 Philadelphia Rd 21237</u>	<u>100</u>
(2) <u>N/A</u>	_____	_____
(3) <u>N/A</u>	_____	_____

(4) N/A

9. (A) Names and addresses of current (and for previous five years) officers and number of shares held by each.

	Name	Address	Shares	Term
(1)	<u>Mark H. Wittmann</u>	<u>9409 Philadelphia Rd.</u>	<u>100</u>	<u>since inception</u>
(2)	<u></u>	<u></u>	<u></u>	<u></u>
(3)	<u></u>	<u></u>	<u></u>	<u></u>
(4)	<u></u>	<u></u>	<u></u>	<u></u>

- (B) Names and addresses of current (and for previous five years) members of board of directors and number of shares held by each.

	Name	Address	Shares	Term
(1)	<u>Mark H. Wittmann</u>	<u>9409 Philadelphia Rd 21237</u>	<u>100</u>	<u>since inception</u>
(2)	<u></u>	<u></u>	<u></u>	<u></u>
(3)	<u></u>	<u></u>	<u></u>	<u></u>
(4)	<u></u>	<u></u>	<u></u>	<u></u>

10. Has this organization ever issued a prospectus for the sale of stock? Yes () No ☒
List date, number, and type of shares for each prospectus during the last five years.

11. (A) Registration on national or local stock exchange(s).
(Give details, including date of registration and/or delisting).

(1) N/A

(2)

- (B) Total authorized (outstanding) shares for each type issued and present market value per share on each type of stock (or book value if not actively traded).

Type of Shares	Total Shares	Book Value	Market Value
(1) <u></u>	<u></u>	<u></u>	<u>\$0.00</u>
(2) <u></u>	<u></u>	<u></u>	<u></u>
(3) <u></u>	<u></u>	<u></u>	<u></u>
(4) <u></u>	<u></u>	<u></u>	<u></u>

- (C) Total outstanding shares of each type of stock currently being held as Treasury Stock.

0

(D) Amount of bonded debt and principal bondholders.

12. List states and municipalities to which taxes have been paid and/or are being paid. Describe nature and amount of such taxes, state most recent year of payment thereof and whether tax payments are current.

Baltimore County Real Property Taxes Annual - Not paid in years. (10+)

13. Has this organization filed United States income tax returns during the last 5 years?

Yes () No (X)

To what I.R.S. Office(s)?

What years?

Are Federal taxes current? Yes () No (X)

Provide copies of your income tax returns for the past five (5) years.

14. Names and addresses of

(A) Organization's independent certified public accountants

None

(B) Organization attorney(s) retained by organization for the past five years.

MARK H. WITSTADT 9409 Philadelphia Rd 21237

15. Has this organization filed financial forms with any organization or government entity for any purpose within the past five years? List name of organization or government entity, date, and type of financial form.

N/A

16. Does this organization have a Profit and Loss Statement and Balance Sheet for the most recent three months, calendar or fiscal year, **and** for the past five years? Submit one copy of each. (Audited Documents are preferred. If Balance Sheets and Income Statements are submitted, answer only questions (3)A, (3)B, and (3)C below).

(1) Assets

Amount

Year

Cash

\$

Securities

\$

N/A

0

1

Existing Facilities	\$	_____	_____	_____	_____
Equipment	\$	_____	_____	_____	_____
Original Cost	\$	_____	_____	_____	_____
Depreciation	\$	_____	_____	_____	_____
Inventory	\$	_____	_____	_____	_____
Accounts Receivable	\$	_____	_____	_____	_____
Other	\$	_____	_____	_____	_____
TOTAL ASSETS	\$	<u>0</u>	_____	_____	_____

(2) Liabilities

	Year	_____	_____	_____	_____
Loans Payable1					
Principal	\$	_____	_____	_____	_____
Monthly Payment	\$	_____	_____	_____	_____
Mortgages2					
Principal	\$	_____	_____	_____	_____
Monthly Payment	\$	_____	_____	_____	_____
Accounts Payable	\$	_____	_____	_____	_____
Deferred Taxes	\$	_____	_____	_____	_____
Insurance	\$	_____	_____	_____	_____
Other	\$	_____	_____	_____	_____

Stockholder's Equity

Common Stock	\$	_____	_____	_____	_____
Paid-in- Capital	\$	_____	_____	_____	_____
Retained Earnings	\$	_____	_____	_____	_____

Total Liabilities and Stockholder's Equity	\$	_____	_____	_____	_____
--	----	-------	-------	-------	-------

(3) Income/Expenses

Gross Income					
Net Sales	\$	_____	_____	_____	_____
Interest Income	\$	_____	_____	_____	_____
Dividends	\$	_____	_____	_____	_____
Other	\$	_____	_____	_____	_____

Operating Expenses

Wages	\$	_____	_____	_____	_____
Overhead	\$	_____	_____	_____	_____
Lease Paymts.	\$	_____	_____	_____	_____

1Complete loan information as requested on page 6, under A) Loans Payable.

2Complete mortgage information as requested on page 6, under B) Mortgages Payable.

Interest Expense	\$	_____	_____	_____	_____
Cost of Sales	\$	_____	_____	_____	_____
Net Income	\$	_____	_____	_____	_____

A. LOANS PAYABLE

	Owed to/Purpose	Term/Interest Rate	Collateral/Cosigner
1)	N/A	_____	_____
2)	_____	_____	_____

	Monthly Payments	Original Amount/Date	Present Balance
1)	N/A	_____	_____
2)	_____	_____	_____

B. MORTGAGES PAYABLE

	Address	Term/Interest Rate	Collateral/Cosigner
1)	N/A	_____	_____
2)	_____	_____	_____

	Monthly Payments	Original Amount/Date	Present Balance
1)	N/A	_____	_____
2)	_____	_____	_____

C. Provide the following firm size information for the past five years:

(1) Number of Employees	0	_____	_____
(2) Size of Warehouse	N/A	_____	_____
(3) Number and Size of Shipments	N/A	_____	_____

Attach the additional past five years for question 16 on a separate sheet.

17. Does this organization maintain bank accounts? Provide names and addresses of banks, savings and loan associations, and other such entities, within the United States or located elsewhere.

Indicate name and number of accounts and balances.

	Name of Bank	Account Number	Balance (Approx.)
(A)	<u>None</u>		

(B) Other Account(s)

	<u>None</u>		

(C) Savings & Loan Associations or other such entities

	<u>None</u>		
--	-------------	--	--

(D) Trust Account(s)

	<u>None</u>		
--	-------------	--	--

(E) Other Account(s)

	<u>None</u>		
--	-------------	--	--

18. List all commercial paper, negotiable or non-negotiable, in which the organization has any interest whatsoever, presently in transit or in the possession of any banking institution.

Describe such paper and the organization's interest therein, and state its present location. List all accounts and loans receivable in excess of \$300 and specify if due from an officer, stockholder, or director.

	<u>None</u>		

19. Has this organization engaged in any Joint Loan Agreements, including Letters of Credit, with any other organization(s)? Describe all such agreements.

	<u>No.</u>		
--	------------	--	--

20. Does this organization have any debt co-insured by another organization? Describe all such agreements.

No

21. List all equity participation in other organizations both domestic and foreign in which this organization has an interest, including the type, amount, and terms of such interest.

None

22. List all debt participation in other organizations both domestic and foreign in which this organization has an interest, including the type, amount, and terms of such interest.

None

23. Is this organization presently:

(A) Active
(Answer "No" for inactive, but
still in existence)

Yes () No (X)

(B) Void and/or terminated by
state authority

Yes (X) No ()

(C) Otherwise dissolved

Yes (X) No ()

1) date 10/6/2006

2) by whom State of Maryland

3) reason Corporation Forfeited -

24. (A) List corporate salaries to and/or drawings of the following personnel for the last five taxable years:

Position (Including Officers)

Specify Year

President _____

0 _____

Chairman/Board _____

0

Secretary _____

0

Treasurer _____

0

(B) List the five most highly compensated employees or officers other than those above, describe their positions, and set forth annual salaries and/or bonuses for the last five taxable years:

Name

Position

Specify Year

1.

2.

3.

4.

5.

W/A

0

0

0

0

0

(C) Describe the nature of the compensation paid to the persons listed in (A) and (B) above and set forth any stock options, pensions, profit sharing, royalties, or other deferred compensation rights of said persons.

None

25. List organization's commercial activity (fields of activity resulting in income) and SIC Code.

Primary Commercial Activity SIC Code
None

Other 1

26. List all other supplementary fields of activity in which this organization is engaged, either directly or through subsidiaries or affiliates, stating the name(s) and state(s) of incorporation of such subsidiaries or affiliates.

None

27. Has this organization at any time been the subject of any proceeding under the provisions of any State Insolvency Law, or the Federal Bankruptcy Act, as amended? If so, supply the following information as to each such proceeding:

(A) Date (Commencement) N/A

(B) Date (Termination) _____

(C) Discharge or other disposition, if any, and operative effect thereof:

(D) State Court _____ Federal Court _____
County District

(E) Docket No. _____

28. (A) List all Real Estate and Personal Property of an estimated value in excess of \$500.00 owned or under contract to be purchased by this organization and where located:

Subject property which has 0 (zero)
Value - no assets whatsoever.

(B) List and describe all judgments, recorded and unrecorded:

1) Against the organization

None

2) In favor of the organization

None

- (C) List and describe all other encumbrances against Real Estate owned by the organization (including but not limited to mortgages, recorded or unrecorded):

None

- (D) List and describe all other encumbrances (including but not limited to Security Interest, whether preferred or not) against any such personal property owned by the organization as is listed in 28(A) above:

None

- (E) List and describe location of Real Estate, including Real Estate being purchased under contract, with name and address of Seller and contract price:

None other than Subject property

29. List all Life Insurance, now in force on any or all Officers, Directors, and/or "key" employees, setting forth face amounts, names of life insurance companies, and policy numbers where this organization has an "insurable interest" and/or is paying the premium or part of same. Where applicable, indicate under which policy(ies) this organization is a Beneficiary, type of policy(ies), yearly premium, and location of policy(ies). In addition, describe the conditions of and borrowing options available under each policy.

None

30. For the following types of policies, list all primary and excess insurance policies, the deductible amount, the per occurrence, and aggregate coverage limit for each policy. List all policies held by the firm (or predecessor firms) starting from the date on which the pollution incidents began.

- A. Comprehensive General Liability

None

B. Environmental Impairment Liability

None

C. Other policies for which coverage might apply, including participation in risk retention pools

None

31. List all transfers of any or all assets, real and/or personal and each (over \$300.00) made by this organization, OTHER THAN IN THE ORDINARY COURSE OF BUSINESS, during the last three (3) calendar years and state to whom the transfer was made.

Describe compensation paid by recipient and to whom.

Date	Amount	Property Transferred	To Whom	Conditions of Transfer
		<i>None</i>		

32. Is this organization a party in any law suit now pending?
Yes () (Give details below) No ☒

33. Please list names and addresses of any persons or other business entity, holding funds in escrow or in trust for this organization, or any of its subsidiaries or affiliates. *N/A*

34. Does this organization have any contracts with any Federal or State agency. If yes, identify the Agency, Agency point of contact, contract number, terms and accounts receivable.

None

34. Other Information Requested:

35.

Additional Remarks:

The Corporation has never had any assets whatsoever, Delta Juan the subject properly. Never had any bank accounts. Never earned any money ever

Verification and Affidavit

With knowledge of the penalties for false statements provided by 18 U.S.C. 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me as a responsible officer of this organization to affect action by the Department of Justice, I hereby certify that I believe and I completely understand the above statement, and that the same is a true and complete statement of all organization income and assets, real and personal, whether held in the company name or otherwise.

Date

8/15/2012

Affiant (Officer)

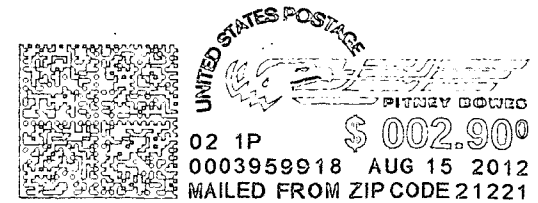
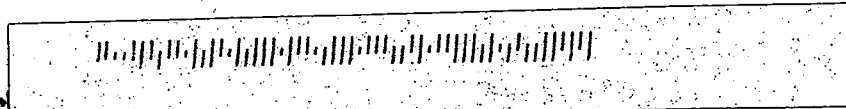
President

(List Corporate Position)

Michele D. Parkinson
NOTARY PUBLIC



Morris | Hardwic
9409 Philadelphia Road
Baltimore, MD 21237



CGI ORIGINAL

US Environmental Protection Agency, Region III
C/O Ms. Joan Martin-Banks (3HS62)
1650 Arch Street
Philadelphia, PA. 19103-2029